



County of San Diego

COUNTY LIBRARY

5560 Overland Avenue, Suite 110, San Diego, California 92123

COMMUNITY ROOM APPLICATION

ORGANIZATION NAME _____

REQUESTS PERMISSION TO USE THE _____ LIBRARY COMMUNITY ROOM

DATE(S) _____ TIME: FROM _____ TO _____

ANTICIPATED ATTENDANCE _____ PURPOSE/USE _____

RESERVED BY _____ ALTERNATE _____

ADDRESS _____ ADDRESS _____

PHONE (W) _____ (C) _____ (W) _____ (C) _____

EMAIL _____ EMAIL _____

CA Driver's License/Identification #

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I have read and understand the guidelines which govern the use of the San Diego County Library Community Room facilities, and I agree to abide by those Rules. I further agree to notify the library at least 24 hours in advance when cancelling reservations. **Closed hours use only:** A fee of \$25 will be charged for keys not returned within two branch working days. I understand that the \$50.00 per session fee is **non-refundable**. The \$50 per session use fee or proof of non-profit status must accompany the application.

Applicant agrees to indemnify and save harmless the County Library and the County of San Diego, their officers, agents and employees from and against all loss or expense (including costs and attorney fees) by reason of liability imposed by law upon the County Library or the County of San Diego for damages because of bodily injury, including death at any time resulting therefrom sustained by any person or persons on account of damages to property, including loss of use thereof, arising out of or in consequence of the performance of this agreement, providing such injury to persons or damage to property is due or claimed to be due to the negligence of the above named applicant, its officers, employees or agents. The person responsible and in charge of function must be physically present at all times during use of facilities. All members of the user group agree to abide by all conditions in this application at this time.

DATE

SIGNATURE

NOTE: Reservations are NOT CONFIRMED and fees are not collected until approved. If the Branch Manager is not available to approve, staff will photocopy, date and initial application for consideration. Requester will be notified within two branch working days.

LIBRARY USE ONLY

AUTHORIZING SIGNATURES:

_____	_____	_____	_____
Branch Manager	Approved	Denied	Date

Date fee paid _____ Receipt # _____ Amount paid \$ _____

Reservation cancelled by: _____ Date _____ Staff _____

_____	_____	_____	_____
Date key picked up	Date due	Date returned	Staff initials

LIB 08-54 (Rev.9-22-2014) Community Room application